



**MINUTES OF THE
FEDERAL INTERAGENCY COMMITTEE ON EMERGENCY
MEDICAL SERVICES (FICEMS)**

DATE AND TIME: September 6, 2001 10:30 a.m.

LOCATION: National Emergency Training Center
Room N-309
16825 South Seton Avenue
Emmitsburg, MD 21727

**MEMBER AGENCY
REPRESENTATION:** **Federal Emergency Management Agency**
Mr. Hugh Wood
FICEMS Chairperson
United States Fire Administration

Mr. Terry Glunt
United States Fire Administration

Ms. Susan Hernandez
United States Fire Administration

Ms. Cindy Wivell
United States Fire Administration

Department of Agriculture
No Representation

Federal Communications Commission
No Representation

Department of Defense
Mr. John Meyers
U.S. Navy NAWCAD Pax River

Mr. David Tenenbaum
U.S. Army TACOM

General Services Administration

Mr. Mel Globerman

Department of Health and Human Services

Mr. Tom Bobick

National Institute for Occupational Safety and Health

Ms. Kimberly L. Cortez, Centers for Disease Control
National Institute for Occupational Safety and Health

Mr. Paul Moore

National Institute for Occupational Safety and Health

Ms. Nancy T. Romano

National Institute for Occupational Safety and Health

Mr. Carl Werntz

National Institute for Occupational Safety and Health

Mr. Bob Waddell

EMSC-MCHB

Department of Interior

Mr. Randy Coffman

National Park Service

Department of Transportation

Captain Art French, M.D.

National Highway Traffic Safety Administration

United States Coast Guard

Mr. David Bryson

National Highway Traffic Safety Administration

Department of Veteran Affairs

No Representation

Federal Bureau of Investigation

No Representation

Department of Labor

Mr. Chap Pierce

Occupational Safety and Health Administration

Mr. Mike Moore

Occupational Safety and Health Administration

**OTHER FEDERAL
ATTENDEES:**

Department of Justice
Mr. Jeff Rupert
Executive Office for U.S. Attorneys

**OTHER ATTENDEES
PRIVATE SECTOR:**

Mr. Pete Chambers
American Society for Testing and Materials (ASTM)

Mr. Dave McGinnis
Medtronic Physio-Control

Ms. Alice Blair
American Red Cross

Mr. Joe Robison
National Volunteer Fire Council

Ms. Christine Woodard
Fairfax County Fire and Rescue

Mr. Kurt M. Krumperman
American Ambulance Association

Ms. Sandy Bogucki, M.D.
Yale University School of Medicine

Ms. Carin Van Gelder, M.D.
Yale University School of Medicine

Mr. Gary Whitman
ARCCA Inc.

FICEMS Chairperson Mr. Hugh Wood called the meeting to order at 10:30 a.m.

I. ANNOUNCEMENTS:

The chairperson welcomed all of the attendees and teleconferencing participants. All attendees introduced themselves and their organizations.

Mr. Wood wanted to reiterate that the meeting purpose is for information exchange and to improve dialogue. This is not for policymaking or standards development.

II. APPROVAL OF MINUTES:

The Chairperson requested approval of the FICEMS Meeting Minutes for June 7, 2001. The minutes were approved.

III. OLD BUSINESS:

Mr. Wood recommended that the meetings always take place at NETC, unless otherwise recommended. The consensus was that the meetings should be held at NETC.

IV. SUBCOMMITTEE REPORTS:

Ambulance Design

Mr. Globerman reported that GSA is continuing to work with the agencies on the Triple K (KKK 1822-E) specifications. They are planning on sending the specifications to a manufacturers' meeting in September. This will include a wiring diagram for base vehicles, based on where Ford wanted the wiring harness on the chassis.

An agreement has been made with the contractor to finalize the specifications and to publicize the specs, effective date of January 1, 2002. In addition to hard copies, there will be an electronic version in Adobe Acrobat that will be posted on a website (address to be given at the next meeting), for downloading at no cost.

ASTM asked to GSA to cancel the Triple K specs. GSA will determine if that would be in the Government's best interest, as well as others with vested interest. GSA will query clients if they should eliminate the Triple K specs. They are factoring in all of the issues, and will present ASTM with a reply shortly. There has been a good cross section of comments that are strong as to what people would like to see done. A decision will be based on the responses received.

The question was asked if there is any way to get reported test information. The answer is that this is difficult because all chassis are built to meet the standards put out by NHTSA, and because the manufacturers are not willing to share testing results due to liability issues. Ford, and Freightliner/Navistar make chassis that

are adaptable to change to an ambulance. They provide an up fitment to change to an ambulance.

Another reason that the crash test data is not available is because the results influence the package for ambulance conversion. An example is the generating systems to support electric loads; some companies put off-the-shelf components in the package. The electrical systems have to be enhanced to over 200 amps for heating, lighting and air conditioning.

Do the tests influence the specs?

They could. Because if the specs are used in other emergency vehicles, there could be a cost issue if a benefit is derived. Ambulances have benefited from other emergency vehicle testing. There is a transfer of technology from buses and other vehicles.

The government has been involved for 20 years for safety purposes. An example is the Atlantic Research Co. built an ambulance out of aluminum. This turned out to be a prototype for the modern box. No testing is done except for static load test on the body. Technology is moving forward, and improvements benefit ambulances as well. However, Triple K does not require dynamic crash tests.

There are currently no standards for custom vehicles. This includes ambulances, busses, campers, limos, etc. Anything that comes up affects all of them. Ambulances do not have a large market share, so they do not push manufacturers too much. Some manufacturers void the warranty if the chassis is used for an ambulance. If you build an ambulance on a chassis without the prep package, the warranty becomes void. Each manufacturer has its own prep package to equip that chassis to accept the emergency vehicle body. This includes dual alternators, using diesel, stronger brakes, centers of gravity and rollover protection. There is a side-by-side comparison available from ASTM.

Technology

Part 1-AED'S

Dr. French has had trouble contacting anyone at the DOD for information on AEDs. Some agencies are proceeding. Dr. French suggested that there needs to be a clearinghouse of SOPs, protocols for data collection. No one was certain that Federal guidelines existed. Currently different agencies are doing things differently. This is because of the decentralized medical control. The goal is to maintain standards, particularly with data collection and anything that needs to be collaborated.

DOJ had a question – In the absence of Federal SOPs, do agencies need to comply with state/local laws?

Currently, there does not seem to be any standards at the federal level. One issue is determining how many AEDs are being used, federal and non-federal. It was

suggested that the agencies look to civilian partners in developing AED use guidelines. The current state guidelines allude to cooperation with local requirements.

States have sundry guidelines, some with strong AED support. Some federal agencies do not want to comply with centralized standards. An example is when a local EMS service responds to a federal building because they did not know there was already an AED in place.

There are two main issues, 1. Repository/way to collect information in order to disseminate data collection, and 2. Whether federal agencies are responsible for making own policy, or should they comply with local policies.

The main issue is that Federal agencies have so many buildings across the country, and therefore so many state AED guidelines to take into consideration. It would help for the individual Federal agency to have one standard, complying with the most stringent state policy.

For issue 2, it was suggested to write a letter to HHS that Federal agencies have questions about these issues, and ask them to provide any information that they might have. Integrating all the various systems will be a difficult process.

Part 2- Database

NATEK has started to put together a database for data collection on technology. This has not yet been reviewed.

Dr. French reported that DOT might provide funds for several tasks under an Interagency Agreement to support a full-time FICEMS position at USFA. The technology database is one such project that could be supported; others will involve research. This will help with things that have not had resource support in the past.

Another option, under USFA leadership, the goal is to put together a forum to bring together various groups. If there is not some kind of boost to push forward, then things will stay at the same point forever. Can get much further ahead in improving treatment of patients and how respond. The database will help accomplish this.

There are currently some working groups that are putting together some standards for pre-hospital equipment, and the EMS are the guinea pigs. There needs to be a standard on the national level for forms and data repositories. Collection for all by all. ASTM has several subgroups working on mobilization devices. They are working on standards. The information is available but one must join ASTM. They have guidelines for forms, databases, data reporting, data mining, epidemics, etc. They are standardizing for content.

Gary Watson from ARCCA, a company working with the Army, is identifying new systems for vendors. If anyone has any information to provide, that would be helpful.

V. MEMBER AGENCY REPORTS:

Department of Defense: David Tenenbaum

With regard to their Ambulance Safety Program, they are working on agreements with Canada. They are also helping Army and NIOSH. Presenting program next week.

GSA: Mel Globerman

This is the last year of the current contract for purchase of ambulances for Federal agencies. A new contract for Federal agencies is due out in June/July 2002. Would like input on what members would like to see in the new ambulance contract--non-tactical vehicles.

Department of the Navy:

The Department of the Navy has been doing some testing on safety tethers in helicopters. Previous restraints were "killing" the person in 3 ways, now only 1 ½ ways because of the testing. Similar to what is being done for ambulances. They will be conducting more tests in November/December 2001.

In regards to testing, tests are done for various reasons, so as to meet certain requirements or conditions. Someone needs to come up with tests that are standard. The extent of the problem has not been nailed down. Tests are being invented to address a perceived need and some independent testing is being done. However, liability issues limit the amount of information/data that can be released. It is hard to share information among Federal agencies. More cooperation is needed.

NIOSH: Paul Moore

NIOSH is currently working on a comprehensive study plan. The problem has been identified, and they are currently working on a database to see how widespread collisions are. At the next meeting, they will bring the study plan, if it is ready.

They will be presenting some of the study plan at the SAE conference beginning Sept. 10, 2001, in Phoenix, AZ. The conference is open to all interested.

Department of Health and Human Services: Bob Waddell, EMSC
(now based in Wyoming full time)

There are six new research grants worth \$100,000. The first is a scientific comparison into quality information. There are two grants for violence and school violence. There are letters of intent for network development, military commercial ambulances, cooperative agreement and national research site for EMSC topics with congress housed under Health Resources and Services Administration (HRSA). Another grant is to enhance pediatric safety and the DHHS issue of patient errors that are fatal. Another is for emergency department guidelines, which will be starting with pediatric. There is also one on accountability to collect data and data information at HRSA, so state and universities, and state and local agencies can use it. The newest is EMSC cooperative with Indian Health Services into emergency department and public health arena starting with EMS.

National Park Service: Randy Coffman

Mr. Coffman reported that there are currently 250 AEDs in place and that in the past year, they have had four saves. They are currently testing a database for EMS data at the national parks level. They are collecting AED and EMS data, in seven national regions, which will be available for reporting by the end of December, which they will then collect and send to Washington for review. The main problem has been with data entry. They would like to have the databank to be available beginning with this year. The data would be available in hard copy and electronic versions.

They have been doing assessment of AED placement in the parks. Currently they are in vehicles and headquarter buildings. They have not looked into public access, only employee access. They are working with the American Red Cross to train Rangers. They currently have medical control in all parks where there are AEDs.

Department of Transportation: Dr. Art French

This draft research agenda can be found on their web site www.nhtsa.dot.gov. Currently working on a revised version. Working with HRSA on trauma program. The wireless 911 initiative has been chosen as the primary safety initiative. There will be a Performance Standards roundtable meeting on September 14 and 15.

OSHA: Chap Pierce

Mr. Pierce passed out a written report with updates on ergonomics final standard, record keeping final rule, and needle sticks (blood borne pathogens) project. See Attachment I.

Department of Justice: Jeff Rupert

Mr. Rupert reported that they have a very active AED initiative committee, including all parts of the agency. Trying to move forward with departmental directives on AED for all of their facilities. Volunteered to serve on the FICEMS AED group.

VI. REPORTS-OTHER INTERESTED PARTIES:**American Ambulance Association (AAA): Kurt Krumperman**

Regarding the Medicare Fee Schedule, they are going to Congress and Administration looking at the draft rule to make fixes, and on legislature that adds funding to Medicare reimbursement for ambulance services. Mr. Krumperman also provided a copy of an article on "Pharmaceutical", see attachment.

ASTM: Pete Chambers

The standard that mirrored the GSA Triple K standard is going into Phase II to improve it. This is an ongoing effort. Aeromedical standards will be available after the meeting in Orlando. They hope to have a balloted standard in place by the next meeting.

Mr. Chambers also passed out an article on Pharmaceutical Stability as it relates to climatic exposure. See Attachment II.

Fairfax County Fire and Rescue: Christine Woodard

They will be holding a WMD Drill on Saturday, September 8th, at 8:00 a.m. at the City of Fairfax Judicial Center. This is a multi-agency event, and there will be a designated area for spectators. NATEK was asked to email the announcement to all FICEMS members and interested parties.

VII. NEW BUSINESS:

The motion was passed to refer to the KKK standard as the Triple K standard.

VIII. NEXT MEETING:

Date and Time: December 6, 2001, 10:30 a.m.

Location: USFA, Emmitsburg, MD
Building/Room number TBA.

IX. ADJOURNMENT:

With no further comments, Chairperson Wood adjourned the meeting at 12:35 p.m.